

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90232 034 \*\*\*150.00

DOCUMENT # P95000043319

1. Corporation Name

POWERHOUSE DESIGN & MARKETING, INC.



Principal Place of Business  
FAIRWAY FINANCIAL CENTER  
10 FAIRWAY DR. STE 224  
DEERFIELD BCH FL 33441

Mailing Address  
FAIRWAY FINANCIAL CENTER  
10 FAIRWAY DR. STE 224  
DEERFIELD BCH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1995

4. FEI Number  
65-0595463

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 598 NW 14TH AVE

Suite, Apt. #, etc.

22 BOCA RATON

City & State

23 FL

Zip

24 33486

Country

2a. Mailing Address

26 598 NW 14TH AVE

Suite, Apt. #, etc.

27 BOCA RATON

City & State

28 FL

Zip

29 33486

Country

30

9. Name and Address of Current Registered Agent

MCCARTHY, WILLIAM  
200 E PALMETTO PARK ROAD SUITE 101  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME MAHON, JAMES P  
STREET ADDRESS 840 CYRESS PARK WAY #L  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE VP ☐ DELETE  
NAME BYRNE, EMER  
STREET ADDRESS 840 CYRESS PARK WAY #L  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE T ☐ DELETE  
NAME MAHON, JAMES  
STREET ADDRESS 840 CYRESS PARK WAY #L  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE S ☐ DELETE  
NAME BYRNE, EMER  
STREET ADDRESS 840 CYRESS PARK WAY #L  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☐ Addition  
1.2 NAME MAHON JAMES P  
1.3 STREET ADDRESS 598 NW 14 AVE  
1.4 CITY-ST-ZIP BOCA RATON FL 33486

2.1 TITLE VP ☐ Change ☐ Addition  
2.2 NAME BYRNE EMER  
2.3 STREET ADDRESS 598 NW 14 AVE  
2.4 CITY-ST-ZIP BOCA RATON FL 33486

3.1 TITLE T ☐ Change ☐ Addition  
3.2 NAME MAHON JAMES  
3.3 STREET ADDRESS 598 NW 14 AVE  
3.4 CITY-ST-ZIP BOCA RATON FL 33486

4.1 TITLE S ☐ Change ☐ Addition  
4.2 NAME BYRNE EMER  
4.3 STREET ADDRESS 598 NW 14 AVE  
4.4 CITY-ST-ZIP BOCA RATON FL 33486

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)